Individual Safety Report

3404386-6-00-01

RM. RES. INST. USA
or use by user-facilities,
itors and manufacturers for
NDATORY reporting

Approved by FDA on 09/25/95

Mfr report # PRIUSA1999006583

UF/Dist report #

FDA Use Only

DA MEDICAL PRODUCTS REPORTING PROGRAM

A. Patient information

1. Patient identifier	2. Age at time	3. Sex	4. Weight
?-?	of event: 36 yr or Date of birth: ??/???/??	[X] female [ ] male	UNK lbs or UNK kgs

In confidence

B. Adverse event or product problem

1. [X] Adverse event and/or [ ] Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)

- [X] death ??/???/?? (mo/day/yr)
- [ ] life-threatening
- [ ] hospitalization - initial or prolonged
- [ ] disability
- [ ] congenital anomaly
- [ ] required intervention to prevent permanent impairment/damage
- [ ] other:

3. Date of event (mo/day/yr): ??/???/??

4. Date of this report (mo/day/yr): 11/16/99

5. Describe event or problem

Report published in 1993 Annual Report of the American Association of Poison Control Centers National Data Collection System (case 206). A 36-year-old patient (sex unspecified) died following intentional abuse of acetaminophen with oxycodone, and carisoprodol. Exposure to medication is unknown.

Additional information received 11-Nov-99: A 36-year-old woman, with a history of intravenous drug abuse and pancreatitis, presented in a comatose state, with metabolic acidosis (pH 6.7) and hypoglycemia (glucose of 4 mg/dL) to the emergency department (ED). She had no pupil reflexes but was breathing on her own. Her lavage return was bloody. Labs were as follows: AST 2957 IU/L; ALT 1808 IU/L; LDH 2898 IU/L; K 5.9 mEq/L; bilirubin 1.8 mg/dL; Hb 14.9 g/dL; Hct 46.0%; platelets 349,000; PT 28.9 sec; PTT 52.9 sec; and HCO2 5 mEq/L. Her husband stated she had been lethargic three days prior to admission. Fresh frozen plasma was given to control bleeding, symptoms and supportive care. On follow-up with the ED it was found that the husband (Cont.)

6. Relevant tests/laboratory data, including dates

Additional information received 11-Nov-99:
Lab section updated.
(Lab data cont.)

(Cont.)

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

Drug abuse
IV drug abuse
Pancreatitis

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)
#1 TYLOX(capsule) (OXYCODONE/ACETAMINOPHEN)
#2 CARISOPRODOL(CARISOPRODOL)

2. Dose, frequency & route used
#1 oral
#2 oral

3. Therapy dates (if unknown, give duration) from/to (or best estimate)
#1 ??/???/??
#2 ??/???/??

4. Diagnosis for use (indication)
#1 UNKNOWN
#2 UNKNOWN

5. Event abated after use stopped or dose reduced
#1 [ ] yes [ ] no [X] doesn't apply
#2 [ ] yes [ ] no [ ] doesn't apply

6. Lot # (if known)
#1
#2

7. Exp. date (if known)
#1
#2

8. Event reappeared after reintroduction
#1 [ ] yes [ ] no [X] doesn't apply
#2 [ ] yes [ ] no [ ] doesn't apply

9. NDC # - for product problems only (if known)

10. Concomitant medical products and therapy dates (exclude treatment of event)
No Concomitant Products Reported

NOV 21 1999

G. All manufacturers

1. Contact office - name/address (& mfring site for devices)
R.W. JOHNSON PHARM. RES. INST.
USA
DIV. OF ORTHO PHARMACEUTICAL CORP.
920 U.S. Route 202
P.O. Box 300
Raritan NJ 08869
USA
(Informing Unit)

2. Phone number: 908-704-4504

3. Report source (check all that apply)
- [ ] foreign
- [ ] study
- [X] literature
- [ ] consumer
- [X] health professional
- [ ] user facility
- [ ] company representative
- [ ] distributor
- [ ] oth

4. Date received by manufacturer (mo/day/yr): 11/11/99

5. (A)NDA # 88-790
IND #
PLA #
pre-1938 [ ] yes
OTC product [ ] yes

6. If IND, protocol #

7. Type of report (check all that apply)
- [ ] 5-day [X] 15-day
- [ ] 10-day [ ] periodic
- [ ] Initial [X] follow-up # 1

8. Adverse event term(s)
1) CARDIAC ARREST
2) RESPIRATORY DEPRESSION
3) COMA HYPOGLYCAEMIC
4) HYPOTENSION
5) ACIDOSIS
6) HEPATIC ENZYMES

(Cont.)

9. Mfr. report number
PRIUSA1999006583

F. Initial reporter

1. Name, address & phone #
Dr. Toby Litovitz
National Capital Poison Center
Georgetown University Hospital
3800 Reservoir Road NW
Washington, DC 20007
USA

NOV 19 1999

2. Health professional? [X] yes [ ] no

3. Occupation: Physician

4. Initial reporter also sent report to FDA: [ ] yes [ ] no [X] unk

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

3500A Facsimile

B. Adverse event or product problem

B.5 Describe event or problem (Cont...)

now reported that the patient had new prescriptions for oxycodone 5mg with acetaminophen 500mg, and carisoprodol three days ago and the bottles were now empty. Her glucose was decreased to 6 g/dL with 10 % dextrose IV running at 100 mL/hr. She was vomiting blood. The husband further stated the patient had actually been unconscious for 24 hours prior to admission and had vomited en-route to the hospital; a urine myoglobin was ordered. A CPK was done and reported > 6,000 IU/L. The patient's hypoglycemia resolved but she became hypotensive requiring large doses of dopamine. N-acetylcysteine was initiated. She was transferred from the ED to intensive care unit (ICU) where she became more acidotic. Her blood pressure dropped to almost zero and she was placed on a ventilator. Large doses of dobutamine and dopamine were required to maintain blood pressure at 66/35 mmHg. Repeat ABG: pH 6.7; pCO2 23 mmHg; HCO2 3.1 mEq/L; pO2 456 mmHg; bicarbonate was being given, and epinephrine drip was initiated. She began to third space fluids, pH decreased to 6.2, blood pressure and pulse were lost. Advanced cardiac life support (ACLS) was ineffective. The patient died the evening of the same day of admission. No post-mortem was ordered.

B.6 Relevant tests/laboratory data, including dates (Cont...)

Lab Result :

Sl.No.	Test date	Test name	Test result	Normal value
1	??/???/??	ALT	1808 IU/L (international unit/liter)	
		AST	2957 IU/L (international unit/liter)	
		BILIRUBIN	1.8 mg/dL (milligram/deciliter)	
		CPK	6,000 IU/L (international unit/liter)	
		GLUCOSE	4 mg/dL (milligram/deciliter)	
		GLUCOSE With 10 % dextrose IV running	6 mg/dL (milligram/deciliter)	
		HAEMATOCRIT	46 % (percent)	
		HAEMOGLOBIN	14.9 g/dL (grams/deciliter)	
		HCO2	5 mEq/L (milliequivalent/-liter)	
		HCO2	3.1 mEq/L (milliequivalent/-liter)	
		LACTIC DEHYDROGENASE	2898 IU/L (international unit/liter)	
		PARTIAL THROMBOPLASTIN TIME	52.9 sec (second)	
		PCO2	23 mmHg (millimeter mercury)	
		PH On admission	6.7	
		PH At death	6.2	
		PLATELET COUNT	349,000	
		PO2	456 mmHg (millimeter mercury)	
		POTASSIUM	5.9 mEq/L (milliequivalent/-liter)	
		PROTHROM TIME	28.9 sec (second)	

G. All manufacturers

8. Adverse event term(s)

HEPATIC ENZYMES INCREASED
OEDEMA
HAEMATEMESIS
9) CREATINE PHOSPHOKINASE INCREASED

Source of report (Literature):

Mfr. report # : PRIUSA1999006583

Date of this report : 11/16/99

Seq No.	:	1
Author	:	Toby Litovitz
Journal title	:	1993 Annual Report of the American Association of Poison Control Centers National Data Collection System
Year	:	94
Edition	:	12(5)
Page number	:	From 546 To 515
Article title	:	American Journal of Emergency Medicine